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8 **BEFORE THE**  
**BOARD OF REGISTERED NURSING**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. *2011-440*

12 **STEPHANIE ANN MCCARTY PARKS, A.K.A.**  
13 **STEPHANIE ANN MCCARTY**  
244 E. Pinebrook Drive  
14 **Brandon, MS 39047**  
**Registered Nurse License No. 581696**

**A C C U S A T I O N**

15 Respondent.

16  
17 Complainant alleges:

18 **PARTIES**

19 1. Louise R. Bailey, M.Ed., RN ("Complainant") brings this Accusation solely in her  
20 official capacity as the Interim Executive Officer of the Board of Registered Nursing ("Board"),  
21 Department of Consumer Affairs.

22 **Registered Nurse License**

23 2. On or about June 6, 2001, the Board issued Registered Nurse License Number  
24 581696 to Stephanie Ann McCarty Parks ("Respondent"). The registered nurse license was in  
25 full force and effect at all times relevant to the charges brought herein and will expire on October  
26 31, 2010, unless renewed.

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## STATUTORY PROVISIONS

3. Section 2750 of the Business and Professions Code ("Code") provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with Code section 2750) of the Nursing Practice Act.

4. Code section 2764 provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license. Under Code section 2811, subdivision (b), the Board may renew an expired license at any time within eight years after the expiration.

5. Code section 2761 states, in pertinent part:

The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, the following:

(4) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a health care professional license or certificate by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision or judgment shall be conclusive evidence of that action.

6. Code section 2762 states, in pertinent part:

In addition to other acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

## COST RECOVERY

7. Code section 125.3 provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Out-of-State Discipline)**

3 8. Respondent is subject to discipline pursuant to Code section 2761, subdivision (a)(4),  
4 on the grounds of unprofessional conduct, in that effective December 8, 2009, the State of  
5 Mississippi Board of Nursing ("Mississippi Board"), in its Final Order, ratified the Voluntary  
6 Surrender/Agreed Order, accepting the voluntary surrender by Respondent of her Mississippi  
7 Registered Nurse License No. R-861946. The basis for said discipline was that on or about  
8 September 30, 2009, Respondent was arrested by the Mississippi Bureau of Narcotics for  
9 obtaining 30 dosage units of Oxycodone 10/325 mg by fraudulent prescription.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Obtained a Controlled Substance by Fraud in Violation of Law; Self-Administration)**

12 9. Respondent is subject to discipline pursuant to Code section 2761, subdivision (a) on  
13 the grounds of unprofessional conduct, as defined in Code section 2762, subdivision (a), in that  
14 Respondent, by her own admission, committed the following acts:

15 a. On or about September 30, 2009, Respondent obtained the controlled substance  
16 Oxycodone, by fraud, deceit, misrepresentation or subterfuge in violation of Health and Safety  
17 Code section 11173, subdivision (a), by obtaining the drug with a fraudulent prescription.

18 b. Respondent self-administered the controlled substance Oxycodone.

19 **PRIOR DISCIPLINE**

20 10. Effective December 19, 2006, pursuant to the Stipulated Settlement and Disciplinary  
21 Order in Accusation Number 2005-123, Respondent was placed on probation for three years with  
22 terms and conditions; however, probation was tolled because Respondent was residing outside the  
23 State of California. Said discipline was based on drug diversion and other related drug charges.

24 **PRAYER**

25 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
26 and that following the hearing, the Board of Registered Nursing issue a decision:

27 1. Revoking or suspending Registered Nurse License Number 581696, issued to  
28 Stephanie Ann McCarty Parks;



BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Stephanie Ann McCarty  
410 Parkway Road  
Brandon, MS 39047

Registered Nurse License No. 581696

Respondent


Case No. 2005-123

**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as it's Decision in the above entitled matter.

This Decision shall become effective on December 19, 2006.

IT IS SO ORDERED November 17, 2005.



Vice-President  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California

BILL LOCKYER, Attorney General  
of the State of California  
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Attorneys for Complainant

**BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 2005-123

STEPHANIE ANN MCCARTY  
410 Parkway Road  
Brandon, MS 39047

OAH No. 2005050261

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

Registered Nursing License No. 581696

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
above-entitled proceedings that the following matters are true:

**PARTIES**

1. Ruth Ann Terry, M.P.H., R.N. (Complainant) is the Executive Officer of  
the Board of Registered Nursing. She brought this action solely in her official capacity and is  
represented in this matter by Bill Lockyer, Attorney General of the State of California, by  
Nicholas A. Sanchez, Deputy Attorney General.

2. Respondent Stephanie Ann McCarty (Respondent) is representing herself  
in this proceeding and has chosen not to exercise her right to be represented by counsel.

3. On or about May 2000, the Mississippi Board of Nursing issued  
Registered Nursing License No. R861946 to Respondent. The License is in good standing and  
expires on December 31, 2006. On or about October 17, 2002, Respondent entered in to the  
Recovering Nurse Program before the Mississippi Board of Nursing. Respondent agreed to limit

1 her practice as a nurse to the State of Mississippi, and her license was placed on three (3) years  
2 probation for violation of Mississippi Code section 73-15-29 (1)(h) [addicted to or dependent on  
3 alcohol or other habit-forming drugs or has misappropriated any medication]. That Program  
4 Participation Affidavit, attached as Exhibit A, is now final and is incorporated by reference as if  
5 fully set forth. Respondent's probation ends on October 17, 2005.

6 4. On or about June 6, 2001, the Board of Registered Nursing issued  
7 Registered Nursing License No. 581696 to Stephanie Ann McCarty (Respondent). The License  
8 expired on October 31, 2002, and has not been renewed.

9 JURISDICTION

10 5. Accusation No. 2005-123 was filed before the Board of Registered  
11 Nursing (Board), Department of Consumer Affairs, and is currently pending against Respondent.  
12 The Accusation and all other statutorily required documents were properly served on Respondent  
13 on February 2, 2005. Respondent timely filed her Notice of Defense contesting the Accusation.  
14 A copy of Accusation No. 2005-123 is attached as exhibit B and incorporated herein by  
15 reference.

16 ADVISEMENT AND WAIVERS

17 6. Respondent has carefully read, and understands the charges and allegations  
18 in Accusation No. 2005-123. Respondent has also carefully read, and understands the effects of  
19 this Stipulated Settlement and Disciplinary Order.

20 7. Respondent is fully aware of her legal rights in this matter, including the  
21 right to a hearing on the charges and allegations in the Accusation; the right to be represented by  
22 counsel at her own expense; the right to confront and cross-examine the witnesses against her;  
23 the right to present evidence and to testify on her own behalf; the right to the issuance of  
24 subpoenas to compel the attendance of witnesses and the production of documents; the right to  
25 reconsideration and court review of an adverse decision; and all other rights accorded by the  
26 California Administrative Procedure Act and other applicable laws.

27 8. Respondent voluntarily, knowingly, and intelligently waives and gives up  
28 each and every right set forth above.

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1                   **Severability Clause.** Each condition of probation contained herein is a separate  
2 and distinct condition. If any condition of this Order, or any application thereof, is declared  
3 unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other  
4 applications thereof, shall not be affected. Each condition of this Order shall separately be valid  
5 and enforceable to the fullest extent permitted by law.

6                   1.       **Obey All Laws.** Respondent shall obey all federal, state and local laws.  
7 A full and detailed account of any and all violations of law shall be reported by Respondent to  
8 the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of  
9 compliance with this condition, Respondent shall submit completed fingerprint forms and  
10 fingerprint fees within 45 days of the effective date of the decision, unless previously submitted  
11 as part of the licensure application process.

12                   **Criminal Court Orders:** If Respondent is under criminal court orders, including  
13 probation or parole, and the order is violated, this shall be deemed a violation of these probation  
14 conditions, and may result in the filing of an accusation and/or petition to revoke probation.

15                   2.       **Comply with the Board's Probation Program.** Respondent shall fully  
16 comply with the conditions of the Probation Program established by the Board and cooperate  
17 with representatives of the Board in its monitoring and investigation of the Respondent's  
18 compliance with the Board's Probation Program. Respondent shall inform the Board in writing  
19 within no more than 15 days of any address change and shall at all times maintain an active,  
20 current license status with the Board, including during any period of suspension *or tolling of*  
21 *probation pursuant to paragraphs 4 and 5 below.*

22                   Upon successful completion of probation, Respondent's license shall be fully  
23 restored.

24                   3.       **Report in Person.** Respondent, during the period of probation, shall  
25 appear in person at interviews/meetings as directed by the Board or its designated  
26 representatives.

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1                   4.       **Comply with the Mississippi Board of Nursing's Recovering Nurse**  
2 **Program.** Respondent shall fully comply with the conditions of the Recovering Nurse Program  
3 established by the Mississippi Nursing Board and cooperate with representatives of the  
4 California Board of Registered Nursing in its monitoring and investigation of the Respondent's  
5 compliance with the Mississippi Board's Recovering Nurse Program. If Respondent violates the  
6 conditions of her Mississippi Board's Recovering Nurse Program, the California Board after  
7 giving Respondent notice and an opportunity to be heard, may set aside the stay order and impose  
8 the stayed discipline (i.e., revocation) of Respondent's California license.

9                   5.       **Residency, Practice, or Licensure Outside of State.** Periods of  
10 residency or practice as a registered nurse outside of California shall not apply toward a reduction  
11 of this probation time period. Respondent's probation is tolled, if and when she resides outside  
12 of California. Respondent must provide written notice to the Board within 15 days of any change  
13 of residency or practice outside the state, and within 30 days prior to re-establishing residency or  
14 returning to practice in this state.

15                         Respondent shall provide a list of all states and territories where she has ever been  
16 licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further  
17 provide information regarding the status of each license and any changes in such license status  
18 during the term of probation. Respondent shall inform the Board if she applies for or obtains a  
19 new nursing license during the term of probation.

20                   6.       **Submit Written Reports.** Respondent, during the period of probation,  
21 shall submit or cause to be submitted such written reports/declarations and verification of actions  
22 under penalty of perjury, as required by the Board. These reports/declarations shall contain  
23 statements relative to Respondent's compliance with all the conditions of the Board's Probation  
24 Program. Respondent shall immediately execute all release of information forms as may be  
25 required by the Board or its representatives.

26                         Respondent shall provide a copy of this Decision to the nursing regulatory agency  
27 in every state and territory in which she has a registered nurse license.

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1           7.       **Function as a Registered Nurse.** Respondent, during the period of  
2 probation, shall engage in the practice of registered nursing in California for a minimum of 24  
3 hours per week for 6 consecutive months or as determined by the Board.

4           For purposes of compliance with the section, "engage in the practice of registered  
5 nursing" may include, when approved by the Board, volunteer work as a registered nurse, or  
6 work in any non-direct patient care position that requires licensure as a registered nurse.

7           The Board may require that advanced practice nurses engage in advanced practice  
8 nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the  
9 Board.

10           If Respondent has not complied with this condition during the probationary term,  
11 and Respondent has presented sufficient documentation of her good faith efforts to comply with  
12 this condition, and if no other conditions have been violated, the Board, in its discretion, may  
13 grant an extension of Respondent's probation period up to one year without further hearing in  
14 order to comply with this condition. During the one year extension, all original conditions of  
15 probation shall apply.

16           8.       **Employment Approval and Reporting Requirements.** Respondent  
17 shall obtain prior approval from the Board before commencing or continuing any employment,  
18 paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all  
19 performance evaluations and other employment related reports as a registered nurse upon request  
20 of the Board.

21           Respondent shall provide a copy of this Decision to her employer and immediate  
22 supervisors prior to commencement of any nursing or other health care related employment.

23           In addition to the above, Respondent shall notify the Board in writing within  
24 seventy-two (72) hours after she obtains any nursing or other health care related employment.  
25 Respondent shall notify the Board in writing within seventy-two (72) hours after she is  
26 terminated or separated, regardless of cause, from any nursing, or other health care related  
27 employment with a full explanation of the circumstances surrounding the termination or  
28 separation.

1                   9.     **Supervision.** Respondent shall obtain prior approval from the Board  
2 regarding Respondent's level of supervision and/or collaboration before commencing or  
3 continuing any employment as a registered nurse, or education and training that includes patient  
4 care.

5                   Respondent shall practice only under the direct supervision of a registered nurse  
6 in good standing (no current discipline) with the Board of Registered Nursing, unless alternative  
7 methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician)  
8 are approved.

9                   Respondent's level of supervision and/or collaboration may include, but is not  
10 limited to the following:

11                   (a)   Maximum - The individual providing supervision and/or collaboration is  
12 present in the patient care area or in any other work setting at all times.

13                   (b)   Moderate - The individual providing supervision and/or collaboration is in  
14 the patient care unit or in any other work setting at least half the hours Respondent works.

15                   (c)   Minimum - The individual providing supervision and/or collaboration has  
16 person-to-person communication with Respondent at least twice during each shift worked.

17                   (d)   Home Health Care - If Respondent is approved to work in the home health  
18 care setting, the individual providing supervision and/or collaboration shall have person-to-  
19 person communication with Respondent as required by the Board each work day. Respondent  
20 shall maintain telephone or other telecommunication contact with the individual providing  
21 supervision and/or collaboration as required by the Board during each work day. The individual  
22 providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-  
23 site visits to patients' homes visited by Respondent with or without Respondent present.

24                   10.   **Employment Limitations.** Respondent shall not work for a nurse's  
25 registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a  
26 traveling nurse, or for an in-house nursing pool.

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Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict Respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If Respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

11. **Complete a Nursing Course(s).** Respondent, at her own expense, shall enroll and successfully complete a course(s) relevant to the practice of registered nursing no later than six months prior to the end of her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course(s). The Board shall return the original documents to Respondent after photocopying them for its records.

12. **Cost Recovery.** Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of \$13,709.75. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

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1           If Respondent has not complied with this condition during the probationary term,  
2 and Respondent has presented sufficient documentation of her good faith efforts to comply with  
3 this condition, and if no other conditions have been violated, the Board, in its discretion, may  
4 grant an extension of Respondent's probation period up to one year without further hearing in  
5 order to comply with this condition. During the one year extension, all original conditions of  
6 probation will apply.

7           **13. Violation of Probation.** If Respondent violates the conditions of her  
8 probation, the Board after giving Respondent notice and an opportunity to be heard, may set  
9 aside the stay order and impose the stayed discipline (i.e., revocation) of Respondent's license.

10           If during the period of probation, an accusation or petition to revoke probation has  
11 been filed against Respondent's license or the Attorney General's Office has been requested to  
12 prepare an accusation or petition to revoke probation against Respondent's license, the  
13 probationary period shall automatically be extended and shall not expire until the accusation or  
14 petition has been acted upon by the Board.

15           **14. License Surrender.** During Respondent's term of probation, if she ceases  
16 practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of  
17 probation, Respondent may surrender her license to the Board. The Board reserves the right to  
18 evaluate Respondent's request and to exercise its discretion whether to grant the request, or to  
19 take any other action deemed appropriate and reasonable under the circumstances, without  
20 further hearing. Upon formal acceptance of the tendered license and wall certificate, Respondent  
21 will no longer be subject to the conditions of probation.

22           Surrender of Respondent's license shall be considered a disciplinary action and  
23 shall become a part of Respondent's license history with the Board. A registered nurse whose  
24 license has been surrendered may petition the Board for reinstatement no sooner than the  
25 following minimum periods from the effective date of the disciplinary decision:

26           (1) Two years for reinstatement of a license that was surrendered for any  
27 reason other than a mental or physical illness; or

28           (2) One year for a license surrendered for a mental or physical illness.

1                   15.     **Physical Examination.** Within 45 days of the effective date of this  
2 Decision, Respondent, at her expense, shall have a licensed physician, nurse practitioner, or  
3 physician assistant, who is approved by the Board before the assessment is performed, submit an  
4 assessment of the Respondent's physical condition and capability to perform the duties of a  
5 registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If  
6 medically determined, a recommended treatment program will be instituted and followed by the  
7 Respondent with the physician, nurse practitioner, or physician assistant providing written  
8 reports to the Board on forms provided by the Board.

9                   If Respondent is determined to be unable to practice safely as a registered nurse,  
10 the licensed physician, nurse practitioner, or physician assistant making this determination shall  
11 immediately notify the Board and Respondent by telephone, and the Board shall request that the  
12 Attorney General's office prepare an accusation or petition to revoke probation. Respondent  
13 shall immediately cease practice and shall not resume practice until notified by the Board.  
14 During this period of suspension, Respondent shall not engage in any practice for which a license  
15 issued by the Board is required until the Board has notified Respondent that a medical  
16 determination permits Respondent to resume practice. This period of suspension will not apply  
17 to the reduction of this probationary time period.

18                   If Respondent fails to have the above assessment submitted to the Board within  
19 the 45-day requirement, Respondent shall immediately cease practice and shall not resume  
20 practice until notified by the Board. This period of suspension will not apply to the reduction of  
21 this probationary time period. The Board may waive or postpone this suspension only if  
22 significant, documented evidence of mitigation is provided. Such evidence must establish good  
23 faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be  
24 provided. Only one such waiver or extension may be permitted.

25                   16.     **Participate in Treatment/Rehabilitation Program for Chemical**  
26 **Dependence.** Respondent, at her expense, shall successfully complete during the probationary  
27 period or shall have successfully completed prior to commencement of probation a Board-  
28 approved treatment/rehabilitation program of at least six months duration. As required, reports

1 shall be submitted by the program on forms provided by the Board. If Respondent has not  
2 completed a Board-approved treatment/rehabilitation program prior to commencement of  
3 probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in  
4 a program. If a program is not successfully completed within the first nine months of probation,  
5 the Board shall consider Respondent in violation of probation.

6 Based on Board recommendation, each week Respondent shall be required to  
7 attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics  
8 Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed  
9 by the Board. If a nurse support group is not available, an additional 12-step meeting or  
10 equivalent shall be added. Respondent shall submit dated and signed documentation confirming  
11 such attendance to the Board during the entire period of probation. Respondent shall continue  
12 with the recovery plan recommended by the treatment/rehabilitation program or a licensed  
13 mental health examiner and/or other ongoing recovery groups.

14 17. **Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent  
15 shall completely abstain from the possession, injection or consumption by any route of all  
16 controlled substances and all psychotropic (mood altering) drugs, including alcohol, except when  
17 the same are ordered by a health care professional legally authorized to do so as part of  
18 documented medical treatment. Respondent shall have sent to the Board, in writing and within  
19 fourteen (14) days, by the prescribing health professional, a report identifying the medication,  
20 dosage, the date the medication was prescribed, the Respondent's prognosis, the date the  
21 medication will no longer be required, and the effect on the recovery plan, if appropriate.

22 Respondent shall identify for the Board a single physician, nurse practitioner or  
23 physician assistant who shall be aware of Respondent's history of substance abuse and will  
24 coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled  
25 substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician  
26 assistant shall report to the Board on a quarterly basis Respondent's compliance with this  
27 condition. If any substances considered addictive have been prescribed, the report shall identify a  
28 program for the time limited use of any such substances.



1           The Board may require the single coordinating physician, nurse practitioner, or  
2 physician assistant to be a specialist in addictive medicine, or to consult with a specialist in  
3 addictive medicine.

4           18.     **Submit to Tests and Samples.** Respondent, at her expense, shall  
5 participate in a random, biological fluid testing or a drug screening program which the Board  
6 approves. The length of time and frequency will be subject to approval by the Board.  
7 Respondent is responsible for keeping the Board informed of Respondent's current telephone  
8 number at all times. Respondent shall also ensure that messages may be left at the telephone  
9 number when she is not available and ensure that reports are submitted directly by the testing  
10 agency to the Board, as directed. Any confirmed positive finding shall be reported immediately  
11 to the Board by the program and Respondent shall be considered in violation of probation.

12           In addition, Respondent, at any time during the period of probation, shall fully  
13 cooperate with the Board or any of its representatives, and shall, when requested, submit to such  
14 tests and samples as the Board or its representatives may require for the detection of alcohol,  
15 narcotics, hypnotics, dangerous drugs, or other controlled substances.

16           If Respondent has a positive drug screen for any substance not legally authorized  
17 and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the  
18 Board files a petition to revoke probation or an accusation, the Board may suspend Respondent  
19 from practice pending the final decision on the petition to revoke probation or the accusation.  
20 This period of suspension will not apply to the reduction of this probationary time period.

21           If Respondent fails to participate in a random, biological fluid testing or drug  
22 screening program within the specified time frame, Respondent shall immediately cease practice  
23 and shall not resume practice until notified by the Board. After taking into account documented  
24 evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the  
25 Board may suspend Respondent from practice pending the final decision on the petition to  
26 revoke probation or the accusation. This period of suspension will not apply to the reduction of  
27 this probationary time period.

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1                   19.   **Mental Health Examination.** Respondent shall, within 45 days of the  
2 effective date of this Decision, have a mental health examination including psychological testing  
3 as appropriate to determine her capability to perform the duties of a registered nurse. The  
4 examination will be performed by a psychiatrist, psychologist or other licensed mental health  
5 practitioner approved by the Board. The examining mental health practitioner will submit a  
6 written report of that assessment and recommendations to the Board. All costs are the  
7 responsibility of Respondent. Recommendations for treatment, therapy or counseling made as a  
8 result of the mental health examination will be instituted and followed by Respondent.

9                   If Respondent is determined to be unable to practice safely as a registered nurse,  
10 the licensed mental health care practitioner making this determination shall immediately notify  
11 the Board and Respondent by telephone, and the Board shall request that the Attorney General's  
12 office prepare an accusation or petition to revoke probation. Respondent shall immediately cease  
13 practice and may not resume practice until notified by the Board. During this period of  
14 suspension, Respondent shall not engage in any practice for which a license issued by the Board  
15 is required, until the Board has notified Respondent that a mental health determination permits  
16 Respondent to resume practice. This period of suspension will not apply to the reduction of this  
17 probationary time period.


18                   If Respondent fails to have the above assessment submitted to the Board within  
19 the 45-day requirement, Respondent shall immediately cease practice and shall not resume  
20 practice until notified by the Board. This period of suspension will not apply to the reduction of  
21 this probationary time period. The Board may waive or postpone this suspension only if  
22 significant, documented evidence of mitigation is provided. Such evidence must establish good  
23 faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be  
24 provided. Only one such waiver or extension may be permitted.

25                   20.   **Therapy or Counseling Program.** Respondent, at her expense, shall  
26 participate in an on-going counseling program until such time as the Board releases her from this  
27 requirement and only upon the recommendation of the counselor. Written progress reports from  
28 the counselor will be required at various intervals.

ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Registered Nursing License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Registered Nursing.

DATED: July 18, 2005

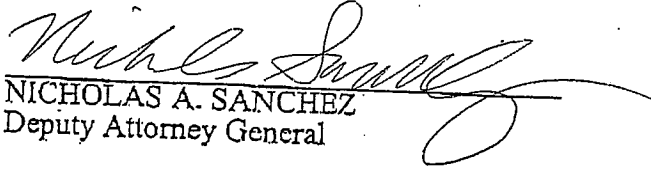
  
STEPHANIE ANN MCCARTY (Respondent)  
Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Registered Nursing of the Department of Consumer Affairs.

DATED: 7/20/2005

BILL LOCKYER, Attorney General  
of the State of California

  
NICHOLAS A. SANCHEZ  
Deputy Attorney General  
Attorneys for Complainant

DOJ Matter ID: LA2004601010  
50045268.wpd

**Exhibit B**

**Accusation No. 2005-123**

1 BILL LOCKYER, Attorney General  
of the State of California  
2 LORRIE M. YOST, State Bar No. 119088  
Deputy Attorney General  
3 California Department of Justice  
300 So. Spring Street, Suite 1702  
4 Los Angeles, CA 90013  
Telephone: (213) 897-2562  
5 Facsimile: (213) 897-2804

6 Attorneys for Complainant

7  
8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 2005-123

13 STEPHANIE ANN MCCARTY  
410 Parkway Road  
14 Brandon, MS 39047

**ACCUSATION**

15 Registered Nursing License No. 581696

Respondent.

16  
17 Complainant alleges:

18 PARTIES

19 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) brings this Accusation  
20 solely in her official capacity as the Executive Officer of the Board of Registered Nursing  
21 (Board), Department of Consumer Affairs.

22 2. On or about June 6, 2001, the Board issued Registered Nursing License  
23 No. 581696 to Stephanie Ann McCarty (Respondent). The license expired on October 31, 2002,  
24 and has not been renewed.

25 JURISDICTION

26 3. This Accusation is brought before the Board under the authority of the  
27 following laws. All section references are to the Business and Professions Code unless otherwise  
28 indicated.

1           4.       Section 2750 of the Business and Professions Code (Code) provides, in  
2 pertinent part, that the Board may discipline any licensee, including a licensee holding a  
3 temporary or an inactive license, for any reason provided in Article 3 (commencing with section  
4 2750) of the Nursing Practice Act.

5           5.       Section 2764 provides, in pertinent part, that the expiration of a license  
6 shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the  
7 licensee or to render a decision imposing discipline on the license. Under section 2811(b) of the  
8 Code, the Board may renew an expired license at any time within eight years after the expiration.

9           6.       Section 2761 states:

10           “The board may take disciplinary action against a certified or licensed nurse or  
11 deny an application for a certificate or license for any of the following:

12           “(a) Unprofessional conduct, which includes, but is not limited to, the following:

13           “(1) Incompetence, or gross negligence in carrying out usual certified or licensed  
14 nursing functions.

15           7.       Section 2762 states:

16           “In addition to other acts constituting unprofessional conduct within the meaning  
17 of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed  
18 under this chapter to do any of the following:

19           “(a) Obtain or possess in violation of law, or prescribe, or except as directed by a  
20 licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish  
21 or administer to another, any controlled substance as defined in Division 10 (commencing with  
22 Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as  
23 defined in Section 4022.

24           “(b) Use any controlled substance or dangerous drug to an extent or in a manner  
25 dangerous or injurious to herself, any other person, or the public or to the extent that such use  
26 impairs her ability to conduct with safety to the public the practice authorized by her license.

27           .....

28       ///

1           “(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible  
2 entries in any hospital, patient, or other record pertaining to the substances described in  
3 subdivision (a) of this section.”

4           8.       Section 125.3 provides, in pertinent part, that the Board may request the  
5 administrative law judge to direct a licentiate found to have committed a violation or violations  
6 of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
7 enforcement of the case.

#### 8                           CONTROLLED SUBSTANCES

9           9.       “Dilaudid” is a dangerous drug as defined in section 4022 and a Schedule  
10 II controlled substance under Health and Safety Code section 11055(b)(1)(K).

11           10.      “Demerol” is the trade name for meperidine hydrochloride, a derivative of  
12 pethidine, is a dangerous drug as defined in section 4022 and a Schedule II controlled substance  
13 as designated by Health and Safety Code section 11055(c)(17).

14           11.      “Morphine Sulfate” is a dangerous drug as defined in section 4022 and a  
15 Schedule II controlled substance as designated by Health and Safety Code section  
16 11055(b)(1)(M).

#### 17                           FIRST CAUSE FOR DISCIPLINE

##### 18                                   (Unprofessional Conduct)

19           12.      Respondent is subject to disciplinary action pursuant to section 2761(a) of  
20 the Code for unprofessional conduct in that during a period from January 17, 2002 to January 24,  
21 2002, while on duty at Little Company of Mary Hospital she diverted and self-administered  
22 controlled substances.

#### 23                           SECOND CAUSE OF DISCIPLINE

##### 24                                   (Falsification, Grossly Incorrect or Grossly Inconsistent Entries)

25           13.      Respondent is subject to disciplinary action pursuant to section 2761(a)  
26 for unprofessional conduct as defined in section 2762(e) in that, while on duty as a registered  
27 nurse at Little Company of Mary Hospital, she falsified, or made grossly incorrect, or grossly  
28 inconsistent entries, in hospital and patient records as follows:

1 Patient A

2 a. Respondent reported on the pyxis report that on January 18, 2002, she  
3 withdrew 100 mg of Demerol at 2:05 a.m., and 50 mg of Demerol at 2:21 a.m. Respondent  
4 charted on the Medication Administration Record (MAR) that she administered 25 mg of  
5 Demerol at 11:55 p.m. on January 17, 2002; and at 1:00 a.m., 2:00 a.m. and 2:15 a.m. on January  
6 18, 2002. Respondent charted on the Nursing Notes that at 11:55 p.m., January 17, 2002, and  
7 2:00 a.m., January 18, 2002, that medications were given as ordered for pain. Respondent failed  
8 to document in the patient's records or otherwise account for the disposition of 75 mg of  
9 Demerol.

10 Patient B

11 b. Respondent reported on the pyxis report that on January 18, 2002, she  
12 withdrew 100 mg of Demerol at 2:40 a.m., and 2 mg of Dilaudid at 5:04 a.m. Respondent  
13 charted on the (MAR) that she administered 50 mg of Demerol at 2:40 a.m., January 18, 2002.  
14 Respondent charted on the Nursing Notes that at 2:40 a.m., January 18, 2002, that additional  
15 medications were given as ordered for pain. Respondent failed to document in the patient's  
16 records or otherwise account for the disposition of 50 mg of Demerol and 2 mg of Dilaudid. The  
17 treating physician prescribed Demerol 25 mg.

18 Patient C

19 c. Respondent reported on the pyxis report that on January 18, 2002, she  
20 withdrew 100 mg of Demerol at 3:33 a.m. and at 4:27 a.m.; and 8 mg of Morphine at 4:25 a.m., 2  
21 mg of Morphine at 4:26 a.m. and at 5:19 a.m., and 8 mg of Morphine at 5:20 a.m. Respondent  
22 charted on the (MAR) that on January 18, 2002 she administered 75 mg of Demerol at 2:35 a.m.,  
23 50 mg of Demerol at 3:30 a.m.; 10 mg of Morphine at 4:40 a.m., and 10 mg of Morphine at 5:20  
24 a.m. Respondent charted on the Nursing Notes that at 3:30 a.m., 4:40 a.m., and 5:20 a.m. on  
25 January 18, 2002, medications were given as ordered for pain. Respondent failed to document in  
26 the patient's records or otherwise account for the disposition of 150 mg of Demerol. The treating  
27 physician prescribed Demerol 25 mg. There were no physician orders for Morphine.

28 ///



Patient D

d. Respondent reported on the pyxis report that she withdrew 150 mg of Demerol on 6:46 a.m. on January 18, 2002. Respondent failed to document in the patient's records or otherwise account for the disposition 150 mg of Demerol.

Patient E

e. Respondent reported on the pyxis report that she withdrew 150 mg of Demerol on 7:13 p.m. on January 18, 2002. Respondent failed to document in the patient's records or otherwise account for the disposition 150 mg of Demerol. There were no physician orders for pain medication.

Patient F

f. Respondent reported on the pyxis report that on January 18, 2002, she withdrew 100 mg of Demerol at 7:33 p.m., 8:21 p.m. and 9:48 p.m.; and 2 mg of Dilaudid at 8:51 p.m. Respondent charted on the (MAR) that on January 18, 2002 she administered 25 mg of Demerol at 7:14 p.m., 50 mg. at 7:30 p.m. 50 mg. at 8:10 p.m., and 25 mg. at 9:50 p.m. Respondent charted on the January 18, 2002 Nursing Notes that at 7:15 a.m., that meds were done, and at 7:30 p.m. and 9:50 p.m., that meds were given as ordered. Respondent failed to document in the patient's records or otherwise account for the disposition of 150 mg of Demerol and 2 mg of Dilaudid. There was no physician order for Dilaudid.

Patient G

g. Respondent reported on the pyxis report that on January 18, 2002, she withdrew 100 mg of Demerol at 11:32 p.m. and at 11:55 p.m.; and that on January 19, 2002 she withdrew 150 mg of Demerol at 12:37 a.m., and 100 mg of Demerol at 2:05 a.m. and again at 3:34 a.m. Respondent charted on the Medication Administration Record (MAR) that she administered 100 mg of Demerol at 11:30 p.m. on January 18, 2002; and 50 mg of Demerol at 12:00 a.m., 2:00 a.m., 3:20 a.m., and 4:50 a.m. on January 19, 2002. Respondent charted on the Nursing Notes that at 11:30 p.m. on January 18, 2002, meds were given as ordered; and at 12:00 a.m., 2:00 a.m. and 3:10 a.m., on January 19, 2002, additional meds were given as ordered.

///

1 Respondent failed to document in the patient's records or otherwise account for the disposition of  
2 250 mg of Demerol. The treating physician prescribed Demerol 50 mg.

3 Patient H

4 h. Respondent reported on the pyxis report that she withdrew 150 mg of  
5 Demerol at 6:34 a.m. on January 19, 2002. Respondent failed to document in the patient's records  
6 or otherwise account for the disposition 150 mg. of Demerol. There were no physician orders for  
7 pain medications.

8 Patient I

9 i. Respondent reported on the pyxis report that she withdrew 50 mg of  
10 Demerol at 7:45 p.m. and again at 9:11 p.m on January 19, 2002; and 100 mg of Demerol at 2:09  
11 a.m. on January 20, 2002. Respondent charted on the MAR that on January 19, 2002 she  
12 administered 25 mg of Demerol at 8:00 p.m. and at 9:10 p.m. Respondent charted on the January  
13 19, 2002 Nursing Notes that at 8:00 p.m., meds were given as ordered and at 9:10 p.m. additional  
14 meds were given as ordered for pain. Respondent failed to document in the patient's records or  
15 otherwise account for the disposition 150 mg of Demerol.

16 Patient J

17 j. Respondent reported on the pyxis report that on January 19, 2002 she  
18 withdrew 100 mg of Demerol at 8:35 p.m., 75 mg of Demerol at 8:36 p.m., and 100 mg of  
19 Demerol at 8:56 p.m.; and that on January 20, 2002, she withdrew 2 mg of Dilaudid at 12:15 a.m.  
20 and at 2:14 a.m., and 150 mg of Demerol at 1:07 a.m. Respondent charted on the MAR that she  
21 administered 125 mg of Demerol at 8:30 p.m., 100 mg of Demerol at 8:55 p.m., 100 mg of  
22 Demerol at 10:20 p.m. on January 19, 2002; and 50 mg of Demerol at 1:15 a.m., January 20,  
23 2002. Respondent did not chart the administration of any Dilaudid on the January 20, 2002  
24 MAR. Respondent charted on the January 19, 2002 Nursing Notes that at 8:30 p.m., meds were  
25 given as ordered for pain, and at 8:55 p.m. and 10:20 p.m., additional meds were given as ordered.  
26 Respondent failed to document in the patient's records or otherwise account for the disposition of  
27 50 mg of Demerol and 4 mg of Dilaudid. There were no physician orders for Dilaudid.

28 ///

1 Patient K

2 k. Respondent reported on the pyxis report that on January 20, 2002, she  
3 withdrew 200 mg of Demerol at 3:20 a.m. and 2 mg of Dilaudid at 5:25 a.m. Respondent charted  
4 on the January 20, 2002 MAR that she administered 4 mg of Morphine at 1:25 a.m., 1 mg of  
5 Dilaudid at 3:20 a.m. and .5 mg. of Dilaudid at 5:45 a.m. Respondent charted on the January 20,  
6 2002 Nursing Notes that at 3:20 a.m., meds were given and at 5:45 a.m. additional meds were  
7 given as ordered. Respondent failed to document in the patient's records or otherwise account  
8 for the disposition 200 mg. of Demerol and 1 mg. of Dilaudid. Respondent failed to indicate on  
9 the pyxis report that she had withdrawn morphine for Patient K. There were no physician orders  
10 regarding Demerol.

11 Patient L

12 l. Respondent reported on the pyxis report that she withdrew 25 mg of  
13 Demerol at 5:24 a.m. and at 100 mg of Demerol at 5:34 a.m. on January 20, 2002. Respondent  
14 failed to document in the patient's records or otherwise account for the disposition of 125 mg of  
15 Demerol.

16 Patient M

17 m. Respondent reported on the pyxis report that she withdrew 200 mg of  
18 Demerol at 8:16 p.m. on January 22, 2002. Respondent failed to document in the patient's  
19 records or otherwise account for the disposition the 200 mg of Demerol.

20 Patient N

21 n. Respondent reported on the pyxis report that she withdrew 200 mg of  
22 Demerol at 7:38 p.m on January 23, 2002. Respondent charted on the January 23, 2002 MAR that  
23 she administered 25 mg of Demerol at 12:50 a.m. Respondent charted on the January 23, 2002  
24 Nursing Notes that at 12:50 a.m., meds were given as ordered for pain. Respondent failed to  
25 document in the patient's records or otherwise account for the disposition of 175 mg of Demerol.

26 Patient O

27 o. Respondent reported on the pyxis report that on January 23, 2002 she  
28 withdrew 50 mg of Demerol at 2:57 a.m., 200 mg of Demerol at 2:57 a.m., 100 mg of Demerol at

1 3:17 a.m.; and 4 mg of Morphine at 3:18 a.m. Respondent charted on the January 23, 2002 MAR  
2 that she administered 125 mg of Demerol at 3:00 a.m.; 4 mg of Morphine at 3:20 a.m. and again  
3 at 3:25 a.m., and administered 4 mg of Morphine at an undetermined time. Respondent charted  
4 on the January 23, 2002 Nursing Notes that at 3:00 a.m., meds were given as ordered.  
5 Respondent failed to document in the patient's records or otherwise account for the disposition of  
6 225 mg of Demerol. Respondent charted that she removed a total of 4 mg of Morphine but  
7 charted that she administered 12 mg of morphine.

8 Patient P

9 p. Respondent reported on the pyxis report that she withdrew 2 mg of  
10 Dilaudid at 1:17 a.m. on January 24, 2002. Respondent failed to document in the patient's  
11 records or otherwise account for the disposition 2 mg of Dilaudid.

12 Patient Q

13 q. Respondent reported on the pyxis report that she withdrew 200 mg of  
14 Demerol at 5:41 a.m. on January 24, 2002. Respondent failed to document in the patient's records  
15 or otherwise account for the disposition of 200 mg of Demerol. There were no physician orders  
16 for pain medications.

17 Patient R

18 r. Respondent reported on the pyxis report that she withdrew 200 mg of  
19 Demerol at 1:16 a.m. on January 24, 2002. Respondent failed to document in the patient's records  
20 or otherwise account for the disposition of 200 mg of Demerol. There were no physician orders  
21 for the administration of pain medications.

22 **THIRD CAUSE FOR DISCIPLINE**

23 (Unprofessional Conduct - Incompetence)

24 14. Respondent is subject to disciplinary action for unprofessional conduct  
25 pursuant to section 2761(a)(1) for incompetence in that Respondent failed to accurately follow the  
26 treating physicians orders for the administration of pain medication by giving patients pain  
27 medications in amounts and types which were not ordered by the treating physician, as stated in  
28 paragraphs 17 (b), 17(c), 17(e), 17(g), 17(h), 17(j), 17(k), 17(q), and 17(r).

1                                   **FOURTH CAUSE FOR DISCIPLINE**

2                                   (Possession of Controlled Substances)

3                   15.       Respondent is subject to disciplinary action pursuant to section 2761(a)  
4 for unprofessional conduct as defined in section 2762(a) in that during a period from  
5 approximately January 17, 2002 to January 24, 2002, Respondent diverted to her personal  
6 possession Demerol, Dilaudid and Morphine Sulfate, controlled substances for which she had no  
7 prescription, from Little Company of Mary Hospital as described above in paragraph 17.

8                                   **FIFTH CAUSE FOR DISCIPLINE**

9                                   (Use of Controlled Substances)

10                   16.       Respondent is subject to disciplinary action pursuant to section 2761(a) for  
11 unprofessional conduct as defined in section 2762(b) in that on or about January 24, 2002,  
12 Respondent tested positive for Meperidine (Demerol).

13                                   **SIXTH CAUSE FOR DISCIPLINE**

14                                   (Possession of a Controlled Substance)

15                   17.       Respondent is subject to disciplinary action pursuant to section 2761 for  
16 unprofessional conduct as defined in section 2762(a) in that on or about September 2, 2002, in  
17 Madison County, Mississippi, Respondent possessed a controlled substance, cocaine, intentionally  
18 and without authority of law.

19                                   **PRAYER**

20                   WHEREFORE, Complainant requests that a hearing be held on the matters herein  
21 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

22                   1.       Revoking or suspending Registered Nursing License No. 581696, issued to  
23 Stephanie Ann McCarty.

24                   2.       Ordering Stephanie Ann McCarty to pay the Board of Registered Nursing  
25 the reasonable costs of the investigation and enforcement of this case, pursuant to Business and  
26 Professions Code section 125.3;

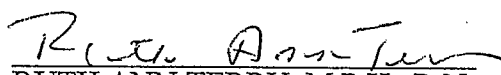
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3. Taking such other and further action as deemed necessary and proper.

DATED: 1/27/05

  
RUTH ANN TERRY, M.P.H., R.N.  
Executive Officer  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California  
Complainant

LA2004601010

**Exhibit A**

**Program Participation Affidavit: Relapse  
Recovering Nurse Program**

NAME: Stephanie McCarty

LICENSE NUMBER: R861946

**PROGRAM PARTICIPATION AFFIDAVIT: RELAPSE  
RECOVERING NURSE PROGRAM**

I, Stephanie McCarty, acknowledge that this Affidavit is being offered according to the Board's belief that chemical dependence is a progressive, treatable disease; that relapse may be a complication of that disease. I further acknowledge that this Affidavit is also being offered in accordance with the Board's Policy of offering a new Affidavit following relapse.

I, Stephanie McCarty, further acknowledge that another Recovering Nurse Program Affidavit will not be offered if there is further relapse.

I, Stephanie McCarty, am entering willingly, freely and voluntarily, without threats or promises, into the Mississippi Board of Nursing Recovering Nurse Program in lieu of having an administrative hearing before the Board. I waive any and all rights to an administrative hearing.

I acknowledge that I have violated Mississippi code 73-15-29 (1) (h) in that I am addicted to or dependent on alcohol or a habit forming drug or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effect. I agree that restrictions be placed on my license or privilege to practice for a minimum of three (3) years while I am participating in the Recovering Nurse Program. For the duration of this RNP: Relapse Affidavit, I, Stephanie McCarty, agree to limit my practice as a nurse to the STATE OF MISSISSIPPI.

I acknowledge that my failure to adhere to any of the following restrictions may result in further disciplinary action including revocation. Non-compliance shall include:

- (1) receipt of unfavorable reports and/or documentation,
- (2) non-receipt of reports on or before the due date, and
- (3) any violation of the Nursing Practice Law, Rules and Regulations (73-15-1 ff.)

In the event I fail to comply with the terms of this affidavit, I acknowledge that I may be directed to appear at a hearing to show cause why further disciplinary action including revocation should not be imposed. I also acknowledge that I have been advised that at a hearing I have a right to

- (1) appear either personally or by counsel or both,
- (2) produce witnesses or evidence in my behalf,
- (3) cross-examine witnesses, and
- (4) have subpoenas issued by the Board on my behalf.

I acknowledge that the restrictions/stipulations in this Recovering Nurse Program Affidavit shall remain in full force and effect until I fully complete the Recovering Nurse Program and until the restrictions are completely removed from my license or privilege to practice or until any action is taken on my license or privilege to practice for non-compliance of this affidavit either by the Board at a hearing or by any other official action taken by the Board for non-compliance of this affidavit.

As a condition to being licensed or given the privilege to practice as a Registered Nurse in Mississippi, I, Stephanie McCarty, agree to the following restrictions on my license or privilege to practice:

RNP/MSDON

410 Parkview Rd.  
Brandon, MS

37047



1. I must abstain from all mood altering, controlled, and addictive substances. Substances which may be medically necessary due to a diagnosed condition must be reviewed by the Director of the Recovering Nurse Program in consultation with a physician knowledgeable in chemical dependency for the impact upon the nurse's successful recovery. This evaluation may result in termination from the Recovering Nurse Program.
2. I must remain in a Board-approved treatment and aftercare program of a chemical dependency center for the period specified in my aftercare contract/agreement. Said contract/agreement must be submitted to the Board upon application to the Recovering Nurse Program or within five (5) working days of discharge from primary treatment, whichever occurs first.
3. I must obtain and comply with an Employer/Employee Contract which speaks to the administration and documentation of controlled substances. Said contract must be approved by the Board prior to my employment as a nurse or any health care related occupation. If I am employed in more than one job, I must have a contract with each employer. Employment must be limited from home visits, temporary agencies, temporary assignments, or any unsupervised setting. Employment will be further limited to the equivalent of no more than forty-three (43) hours per week. Employment will further be limited to working no more than twelve (12) consecutive hours in a 24-hour period. For the first twelve (12) months, except under special circumstances and conditions, employment will further be limited from critical care areas where rapid change is anticipated to where patient acuity level is unstable (including but not limited to ICU, CCU, OR, ER, and L&D).
4. Prior to enrollment in any school of nursing I must obtain a school/student agreement (1) acknowledging the school's receipt of a copy of the RNP Participation Affidavit, (2) stating a plan for direct supervision of clinical practice. If I am to administer medications as a student, the administration and documentation of controlled substances must be specifically addressed in the agreement. Said agreement must be approved by the Board prior to my practicing in a clinical setting.
5. I must submit to and pay for periodic, unannounced urine and/or blood screens, a minimum of one (1) per month. Drug screens must examine for mood altering/drugs of abuse, including marijuana. Refusal to furnish a urine and/or blood specimen on demand of my employer or the Director of the Recovering Nurse Program for the purpose of having a drug screen performed must be reported immediately. All screens must be done by a person and agency approved by the Board and according to the Board-approved Criteria for Periodic, Unannounced Drug Screens. I acknowledge that positive screens, refusal to submit a specimen, and/or failure to follow required procedures in obtaining a specimen may be considered non-compliance with this contract.
6. I must submit immediate notification in writing as to change of name, employment, or address. All documentation required by these stipulations must be received by the Board office no later than the tenth (10<sup>th</sup>) of the month following the reporting month. The first reports due are for the month of November 2002. These reports must be received in the Board office on or before December 10, 2002. The following reports are due on or before the tenth (10<sup>th</sup>) of every month thereafter until restrictions are removed from my license or privilege to practice:

- a. A self report of my progress in the recovery program in writing monthly for twelve (12) consecutive months and quarterly thereafter.
  - b. Progress reports from my employer in writing monthly for twelve (12) consecutive months and quarterly thereafter. If I am employed in more than one job, each employer must submit a report. I acknowledge that negative reports regarding attendance, job performance or drug diversion or usage may be considered noncompliance with this contract.
  - c. Progress reports from my counselor or contact person with the treatment management team in writing monthly for twelve (12) consecutive months and quarterly thereafter. Failure to comply with my aftercare contract must be reported to the Board immediately.
  - d. Copies of periodic, unannounced urine and/or blood screens, a minimum of one (1) a month, forwarded to the Board. All positive screens, regardless of number per month, must be sent to the Board immediately.
  - e. Copies of any and all prescriptions for medications must be sent to the Board within five (5) working days after prescribed. This includes all refills of previous and current prescriptions.
  - f. Verification of attendance of AA/NA/CA meetings, a minimum of three (3) per week sent to the Board in writing monthly for twelve (12) consecutive months and quarterly thereafter. Said verification must be on a Board-approved Calendar form, which has date, location, group name, time and the name (and/or initials), and the telephone number of each person verifying attendance.
7. For the duration of my probation, I agree to furnish urine and/or blood specimens on demand of the Director of the Recovering Nurse Program of the Mississippi Board of Nursing and/or my employer for the purpose of screening for the presence of any mood altering substance.
8. That I schedule personal appointments to take place at the Board of Nursing, with the Director of the Recovering Nurse Program, according to the following schedule:
- a. Monthly for the first three (3) months; the first monthly appointment to be in December, 2002;
  - b. Every other month from the fourth (4<sup>th</sup>) month to complete the first year;
  - c. Quarterly; thereafter, using the date I sign the Program Participation Affidavit as the beginning date; and
  - d. The Director of the Recovering Nurse Program may modify the appointment schedule as necessary to monitor compliance with the Program Participation Affidavit.
9. I agree to have Dr. Jay Kramer as my primary physician. All medical, dental, psychiatric, surgical, etc., procedures must be through him/her or his/her referral or consultation.

I fully accept the terms of the Recovering Nurse Program Participation Affidavit as stated and acknowledge that continued participation is contingent upon compliance with said contract.

I have been informed that this contract related to my participation in the Recovering Nurse Program is of public record. I have further been informed that my participation in the Recovering Nurse Program constitutes a disciplinary action and will remain a part of my permanent licensure record.

Stephanie McCarty  
Signature of Participant

10/17/02  
Date

STATE OF MISSISSIPPI  
COUNTY OF HINDS

PERSONALLY APPEARED BEFORE ME A NOTARY PUBLIC, IN AND FOR THE COUNTY AND STATE AFORESAID, Stephanie McCarty, WHO BEING DULY SWORN, DID IN MY PRESENCE EXECUTE THE FOREGOING AFFIDAVIT BY AFFIXING HIS/HER SIGNATURE THERETO. FURTHER AFFIANT SAITH NOT.

IN WITNESS THEREOF, I HAVE AFFIXED BY SEAL AND SIGNATURE THIS 17  
DAY OF October, 2002

SEAL

Sharon G. Thurman  
NOTARY PUBLIC

MISSISSIPPI STATEWIDE NOTARY PUBLIC  
MY COMMISSION EXPIRES OCT. 17, 2002  
BONDED THRU STEGALL NOTARY SERVICE

Martha H. Collins  
Signature of MBN Executive Director,  
Deputy Director, A.D. Counselor II, or  
Director of Recovering Nurse Program

10-17-02  
Date

STATE OF MISSISSIPPI  
COUNTY OF HINDS

PERSONALLY APPEARED BEFORE ME A NOTARY PUBLIC, IN AND FOR THE COUNTY AND STATE AFORESAID, Martha H. Collins, WHO BEING DULY SWORN, DID IN MY PRESENCE EXECUTE THE FOREGOING AFFIDAVIT BY AFFIXING HIS/HER SIGNATURE THERETO. FURTHER AFFIANT SAITH NOT.

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SEAL

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